

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CARSON AMERICA

A. Full Name (Last, First, Middle Initial)
JAMES OSBORN

Mailing Address **6865 COUNTY ROAD 271**

City MICO	State TX	Zip Code 78056-5222
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FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17.97544

Date of Receipt

M M / D D / Y Y Y Y
05 / 07 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JOHN OSBORNE

Mailing Address **3813 LOREAUVILLE RD.**

City NEW IBERIA	State LA	Zip Code 70563-0991
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FEC ID number of contributing
federal political committee.

C

Name of Employer
IBERIA MEDICAL CENTER

Occupation
DOCTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17.134268

Date of Receipt

M M / D D / Y Y Y Y
05 / 23 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT OSMAN

Mailing Address **1 KENNETH RD**

City MARBLEHEAD	State MA	Zip Code 01945-1528
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FEC ID number of contributing
federal political committee.

C

Name of Employer
**INFORMATION REQUESTED PER BEST
EFFORTS**

Occupation
**INFORMATION REQUESTED PER BEST
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17.114241

Date of Receipt

M M / D D / Y Y Y Y
05 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....

1000.00

Total This Period (last page this line number only)